

## DMV Lane Technician Observation Report

DMV Technician: <u>Bob Horne</u>		Position: <u>1</u> or 2	
Station: <u>Dover</u>	Date: <u>6-10-14</u>	Time: <u>10:25</u>	
Vehicle Make: <u>Buick</u>	Model: <u>LA Crosse</u>	Year: <u>2005</u>	
GVWR:	Fuel Type: <u>G</u>	Registration Number: <u>39334</u>	
Auditor: <u>Dossert</u>		<u>Covert</u> / Overt (circle one)	
	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	✓		
2. Was <b>Emissions</b> testing required?	✓		
a) Was Emissions testing performed using OBD?	✓		
b) Was Emissions testing performed using Analyzer Probe?		✓	
c) Was Emissions testing performed using Paddle(s)?		✓	
d) Was Emissions testing performed using Clip?		✓	
3. Was <b>Catalytic Converter</b> inspection required?		✓	
a) Was Catalytic Converter inspection performed?			✓
4. Was <b>Fuel Tank</b> pressure testing required?		✓	
a) Was Fuel Tank pressure testing performed?			✓
5. Was <b>Fuel Cap</b> pressure testing required?		✓	
a) Was Fuel Cap pressure testing performed?			✓
6. Is this test a <b>Re-check</b> from a prior failure?		✓	
a) Which re-check test is being performed? 1 2 3 (circle one)			✓
b) If this is re-check #3, was repair paperwork verified for waiver?			✓
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		✓	
a) Was Two-Speed Idle testing performed?			✓
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?		✓	
a) Was Curb Idle testing performed?			✓
<b>Comment:</b>			
Lane Supervisor Signature: _____			

Revised 04/12/2013

## DMV Lane Technician Observation Report

DMV Technician: <u>Mike Pircuski</u>		Position: <u>1</u> or 2	
Station: <u>Dover</u>	Date: <u>6/10/14</u>	Time: <u>10:20</u>	
Vehicle Make: <u>Chevy</u>	Model: <u>SIL</u>	Year: <u>2005</u>	
GVWR: <u>7000</u>	Fuel Type: <u>G</u>	Registration Number: <u>C18943</u>	
Auditor: <u>Dossert</u>		<u>Covert</u> / Overt (circle one)	

  

	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	✓		
2. Was <b>Emissions</b> testing required?	✓		
a) Was Emissions testing performed using OBD?	✓		
b) Was Emissions testing performed using Analyzer Probe?		✓	
c) Was Emissions testing performed using Paddle(s)?		✓	
d) Was Emissions testing performed using Clip?		✓	
3. Was <b>Catalytic Converter</b> inspection required?		✓	
a) Was Catalytic Converter inspection performed?			✓
4. Was <b>Fuel Tank</b> pressure testing required?		✓	
a) Was Fuel Tank pressure testing performed?			✓
5. Was <b>Fuel Cap</b> pressure testing required?		✓	
a) Was Fuel Cap pressure testing performed?			✓
6. Is this test a <b>Re-check</b> from a prior failure?		✓	
a) Which re-check test is being performed? 1 2 3 (circle one)			—
b) If this is re-check #3, was repair paperwork verified for waiver?			—
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		✓	
a) Was Two-Speed Idle testing performed?			✓
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?		✓	
a) Was Curb Idle testing performed?			✓
<b>Comment:</b>			
Lane Supervisor Signature: _____			

Revised 04/12/2013



## DMV Lane Technician Observation Report

DMV Technician: <u>Tom Kisser</u>		Position: <u>1 or 2</u>	
Station: <u>Dover</u>	Date: <u>6-10-14</u>	Time: <u>11:00AM</u>	
Vehicle Make: <u>Chery</u>	Model: <u>Coslet</u>	Year: <u>2007</u>	
GVWR:	Fuel Type: <u>G</u>	Registration Number: <u>WN136323</u>	
Auditor: <u>Dossett</u>		<u>Covert</u> / Overt (circle one)	
	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<input checked="" type="checkbox"/>		
2. Was <b>Emissions</b> testing required?	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?	<input checked="" type="checkbox"/>		
b) Was Emissions testing performed using Analyzer Probe?		<input checked="" type="checkbox"/>	
c) Was Emissions testing performed using Paddle(s)?			<input checked="" type="checkbox"/>
d) Was Emissions testing performed using Clip?			<input checked="" type="checkbox"/>
3. Was <b>Catalytic Converter</b> inspection required?		<input checked="" type="checkbox"/>	
a) Was Catalytic Converter inspection performed?			<input checked="" type="checkbox"/>
4. Was <b>Fuel Tank</b> pressure testing required?		<input checked="" type="checkbox"/>	
a) Was Fuel Tank pressure testing performed?			<input checked="" type="checkbox"/>
5. Was <b>Fuel Cap</b> pressure testing required?		<input checked="" type="checkbox"/>	
a) Was Fuel Cap pressure testing performed?			<input checked="" type="checkbox"/>
6. Is this test a <b>Re-check</b> from a prior failure?		<input checked="" type="checkbox"/>	
a) Which re-check test is being performed? 1 2 3 (circle one)			<input checked="" type="checkbox"/>
b) If this is re-check #3, was repair paperwork verified for waiver?			<input checked="" type="checkbox"/>
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		<input checked="" type="checkbox"/>	
a) Was Two-Speed Idle testing performed?			<input checked="" type="checkbox"/>
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?		<input checked="" type="checkbox"/>	
a) Was Curb Idle testing performed?			<input checked="" type="checkbox"/>
<b>Comment:</b>			
Lane Supervisor Signature: _____			

Revised 04/12/2013